

Application For Intern Certificate
South Dakota Board of Pharmacy
4305 South Louise Ave., Suite 104, Sioux Falls, SD 57106
605-362-2737
Fee: \$40.00

Please Print or Type

Name: _____			
Last	First	Middle	(Maiden)
Address: _____			
Street/PO Box	City	State	ZIP Code
Phone: _____		College of Pharmacy: _____	
Date of Birth: _____		Years Completed in Professional Program: _____	

20:51:02:04. Registration. The Board of Pharmacy shall grant a certificate as a registered intern to any person enrolled in a college of pharmacy professional program who has completed one week of classes or has graduated from a college of pharmacy and who desires to secure credit for practical pharmacy experience by applying on a form provided by the board and accompanying the form with a fee of \$40. The board may not grant internship credit for experience obtained prior to the individual's registration as a pharmacy intern.

20:51:02:05. Intern certificate. Registered intern certificates shall remain in effect during successive training periods if records, forms, affidavits, and other materials required by the Board are maintained, and executed promptly at the beginning and ending of each training period. The certificate of registration automatically terminates if the person is no longer enrolled in a college of pharmacy, if 270 days have passed since issuance of a registered intern certificate after graduation from a college of pharmacy, or if a person becomes a licensed pharmacist.

20:51:02:07. Affidavit needed for each practical experience. Persons expecting to receive credit for practical experience as a qualification for registration as a licentiate shall submit a separate affidavit on a form provided by the Board for each practical experience. The affidavit must be submitted to the Board of Pharmacy before the beginning of the practical experience; however, for good cause shown, the Board of Pharmacy may accept the affidavit at a later date.

I enclose a remittance of \$40.00 for Registered Intern Certificate and Official Practical Experience Application/Affidavit which I agree to file with the Executive Secretary of the Board of Pharmacy before the beginning of each practical experience internship period as required in Board of Pharmacy Rules. I am aware that I cannot legally compound or dispense drugs or medicines except when I do so under the immediate and personal supervision of a registered pharmacist. I agree to abide by the Pharmacy Law and the Rules of the Board of Pharmacy in the state where practicing.

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Signature of Intern Applicant

Date